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BIBDATASHEET

CONFIRMATION NO: 4548

Bib Data Sheet

SERIAL NUMBER 09/846,652	FILING DATE 05/01/2001 RULE	CLASS 705	GROUP ART UNIT 3625	ATTORNEY DOCKET NO.
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APPLICANTS

Vincent B. Moneymaker, Manhattan Beach, CA;

Anthony Gaw, Henderson, NV;

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SEP 21 2004

** CONTINUING DATA *****

This appln claims benefit of 60/201,337 05/02/2000 *

(*)Data provided by applicant is not consistent with PTO records. *maj*

GROUP 360C

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/27/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>maj</i> Initials	CA	9	20	2

ADDRESS

VINCENT B. MONEYMAKER
 515 SOUTH FIGUEROA STREET
 SUITE 1020
 LOS ANGELES , CA
 90071

TITLE

Comprehensive third-party transactional processing and payment in an online environment

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.16 Fees (Filing)
	No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

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355

<input type="checkbox"/> 1.18 Fees (Issue)
<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit



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Bib Data Sheet

CONFIRMATION NO. 4548

SERIAL NUMBER 09/846,652	FILING DATE 05/01/2001 RULE	CLASS 705	GROUP ART UNIT 2166	ATTORNEY DOCKET NO.
APPLICANTS Vincent B. Moneymaker, Manhattan Beach, CA; Anthony Gaw, Henderson, NV;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/201,337 05/02/2000 * (*) Data inconsistent with PTO records.				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/27/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 20
INDEPENDENT CLAIMS 2				
ADDRESS VINCENT B. MONEYMAKER 700 SOUTH FLOWER STREET, SUITE 2102 515 South Figueroa street suite 1020 LOS ANGELES, CA 90047				
TITLE Comprehensive third-party transactional processing and payment in an online environment				
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	